

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/355623

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						61					
2	/						62					
3	/						63					
4	/						64					
5	/						65					
6	/						66					
7	/						67					
8	/						68					
9	/						69					
10	/						70					
11	/						71					
12	/						72					
13	/						73					
14	/						74					
15	/						75					
16	/						76					
17	/						77					
18	/						78					
19	/						79					
20	/						80					
21	/						81					
22	/						82					
23	/						83					
24	/						84					
25	/						85					
26	/						86					
27	/						87					
28	/						88					
29	/						89					
30	/						90					
31	/						91					
32	/						92					
33	/						93					
34	/						94					
35	/						95					
36	/						96					
37	/						97					
38	/						98					
39	/						99					
40	/						100					
41	/											
42	/											
43	/											
44	/											
45	/											
46	/											
47	/											
48	/											
49	/											
50	/											
TOTAL IND.	2						TOTAL IND.					
TOTAL DEP.	31						TOTAL DEP.					
TOTAL CLAIMS	33						TOTAL CLAIMS					

**BEST AVAILABLE COPY**